



**NOTRE DAME**  
PRESCHOOL + PRE-K

# Enrollment Packet

*Notre Dame Preschool + PreK*

1401 Gallia St

Portsmouth, OH

45662

740-353-2354 EXT 25100

[www.notredameschools.com](http://www.notredameschools.com)

*The schools of the Diocese of Columbus recruit and admit students of any race, color, ethnic origin to all its rights, privileges, programs, and activities. In addition, the schools will not discriminate on the basis of race, color, or ethnic origin in the administration of the education programs and athletics/ extra curricular activities. Furthermore, the schools are not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.*

Dear potential Preschool + PreK family,

Thank you for your interest in our program! Please answer the following questions to help us get to know you better. Please note that submitting an application does not guarantee admittance to our program. We will be in contact after the enrollment period to schedule screening and to collect any missing paperwork. If you have any questions in the meantime, please feel free to reach out.

Please list two references for enrollment:

|    | NAME  | NUMBER |
|----|-------|--------|
| 1. | _____ | _____  |
| 2. | _____ | _____  |

Has your child attended a previous preschool or childcare setting? If so, please list name of program and length of enrollment.

\_\_\_\_\_  
\_\_\_\_\_

Why did you choose Notre Dame Preschool + PreK?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any developmental concerns for your child and/or does your child's previous school have developmental concerns? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently receiving intervention services? (Speech language, occupational therapy, physical therapy, or social behavior therapies) If so, where are they receiving services?

\_\_\_\_\_  
\_\_\_\_\_

Are you interested in a scholarship? Yes\_\_\_ No\_\_\_

If you marked yes, please complete the scholarship packet. **Please note this is the ECE Scholarship for 3 and 4 year olds, NOT Ed Choice which only applies to elementary students K-12)**



# The Notre Dame Schools Preschool Registration Form

**NOTRE DAME**  
PRESCHOOL + PRE-K

Diocese of Columbus Office of Catholic Schools

\*Please fill out 1 form per child attending to The Notre Dame Schools

DATE \_\_\_\_\_

\_\_\_\_\_  
LAST NAME                                      FIRST NAME                                      MIDDLE NAME                                      DATE OF BIRTH

\_\_\_\_\_  
HOME ADDRESS                                      CITY                                      STATE                                      ZIP

\_\_\_\_\_  
BIRTHPLACE CITY/STATE                                      LAST 4 OF SSN                                      (CIRCLE ONE) MALE                                      FEMALE  
(CIRCLE ONE) CATHOLIC                                      NON-CATHOLIC

RACE (OPTIONAL)

WHITE, NON HISPANIC    BLACK, NON HISPANIC    HISPANIC    AMERICAN INDIAN/ALASKAN    MULTI-RACIAL

| Name             | Address | Phone/Cell Phone |
|------------------|---------|------------------|
| Mother/ Guardian |         |                  |
| Employer         |         |                  |
| Father/ Guardian |         |                  |
| Employer         |         |                  |

PARENT/GUARDIAN HOME STATUS:    MARRIED                      SINGLE    SEPARATED                      DIVORCED

STUDENT LIVES WITH:    BOTH PARENTS    MOTHER    FATHER    OTHER \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY:    OLDER BOYS \_\_\_\_\_    OLDER GIRLS \_\_\_\_\_    YOUNGER BOYS \_\_\_\_\_    YOUNGER GIRLS \_\_\_\_\_

SACRAMENT OF BAPTISM:

| DATE | CHURCH | CITY | STATE |
|------|--------|------|-------|
|      |        |      |       |

WERE YOU REFERRED BY A NOTRE DAME FAMILY?    Y/N    IF SO, PLEASE LIST THE NAME BELOW:

\_\_\_\_\_



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# *The Notre Dame Schools Preschool Days Attending Form*

**Diocese of Columbus Office of Catholic Schools**

*\*Please fill out 1 form per child attending to The Notre Dame Schools*

|               |               |
|---------------|---------------|
| Name of Child | Date of Birth |
|---------------|---------------|

| Name              | Address | Phone/Cell Phone | Email |
|-------------------|---------|------------------|-------|
| Mother (Guardian) |         |                  |       |
| Father (Guardian) |         |                  |       |

## *Attendance Preference (Please check one)*

### **Three Day Option**

### **Five Day Option**

|                               |                            |
|-------------------------------|----------------------------|
| HALF DAY<br>T/W/TH 8:00-12:00 | HALF DAY<br>M-F 8:00-12:00 |
| FULL DAY<br>T/W/TH 8:00- 2:00 | FULL DAY<br>M-F 8:00-2:00  |



# The Notre Dame Schools Preschool Emergency Authorization Form

## Diocese of Columbus Office of Catholic Schools

*\*Please fill out 1 form per child attending to The Notre Dame Schools*

**NOTRE DAME**  
PRESCHOOL + PRE-K

|               |               |
|---------------|---------------|
| Name of Child | Date of Birth |
|---------------|---------------|

| Name             | Address | Phone/Cell Phone |
|------------------|---------|------------------|
| Mother/ Guardian |         |                  |
| Employer         |         |                  |
| Father/ Guardian |         |                  |
| Employer         |         |                  |

**If parent/guardian cannot be reached in the event of an emergency, the following may be contacted:**

| Name | Address | Phone/Cell Phone | Relation to Child |
|------|---------|------------------|-------------------|
|      |         |                  |                   |
|      |         |                  |                   |
|      |         |                  |                   |

**Please choose one of the following options for emergency care:**

\_\_\_\_\_ I **GIVE** Notre Dame Preschool permission to transport my child to:

\_\_\_\_\_ Hospital/clinic

\_\_\_\_\_ Dentist/clinic

\_\_\_\_\_ I **DO NOT** give my permission for Notre Dame Preschool to transport my child for emergency medical or dental care. In the event of an illness or injury, which requires emergency medical or dental treatment, I wish the following action be taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date





*The Notre Dame Schools Preschool Pick Up Authorization Form*

**Diocese of Columbus Office of Catholic Schools**

*\*Please fill out 1 form per child attending to The Notre Dame Schools*

Child's Name \_\_\_\_\_

The following adults are authorized to pick up the above names child from school:

| Name            | Relationship to child | Phone Number |
|-----------------|-----------------------|--------------|
| Parent/guardian |                       |              |
| Parent/guardian |                       |              |
|                 |                       |              |
|                 |                       |              |
|                 |                       |              |
|                 |                       |              |

The following adults are NOT authorized to pick up the above names child from school:

| Name | Relationship to child | Phone Number |
|------|-----------------------|--------------|
|      |                       |              |
|      |                       |              |

*The adults named above are authorized to pick up my child in the event I am unable to do so. I will inform them to bring a driver's license to show preschool staff upon pick up. I understand that my child will NOT be released to anyone not on the authorized list. I understand it is my responsibility to inform the school by written note or phone call, when there is an unforeseen event that would require an unlisted individual to transport my child from school. I will make every effort to keep this list updated.*

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Child Medical Information

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Lead \_\_\_\_\_ Hemoglobin \_\_\_\_\_

| Immunizations:   |  | Exempt from Immunization: |  |
|------------------|--|---------------------------|--|
| Complete for Age | <input type="radio"/> Yes <input type="radio"/> No | Religious Conviction      | <input type="radio"/> Yes <input type="radio"/> No |
| In Process       | <input type="radio"/> Yes <input type="radio"/> No | Health                    | <input type="radio"/> Yes <input type="radio"/> No |
|                  |  | Other                     | _____  |

Limitations or health conditions, including allergies, medications, and dietary restrictions.

[Empty box for health conditions]

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name \_\_\_\_\_ Provider Address \_\_\_\_\_  
Provider Phone Number \_\_\_\_\_ Provider City \_\_\_\_\_ Provider State \_\_\_\_\_ Provider Zip \_\_\_\_\_

Check box of examining medical professional:

- Physician
- Physician Assistant
- Advanced Practice Registered Nurse

*This child has been examined and is in suitable condition to participate in group care.*

Signature of Medical Professional \_\_\_\_\_ Date of Exam \_\_\_\_\_

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.

Ohio Department of Job and Family Services  
**FAMILY INFORMATION**  
**FOR STEP UP TO QUALITY PROGRAMS (SUTQ)**

|   |                |                          |
|---|----------------|--------------------------|
| Child's Name <i>(Last)</i>  | <i>(First)</i> | Nickname <i>(If any)</i> |
| <p><i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i></p> |                |                          |
| Who is in the child's immediate family?   |                |                          |
| Who lives at home with your child?  |                |                          |
| What is the primary language spoken in your child's home?   |                |                          |
| Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?  |                |                          |
| Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?  |                |                          |
| Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)  |                |                          |
| Do you have any pets at home? If so, what are they and what are their names?  |                |                          |
| Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.)  |                |                          |
| My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. <i>(Check all that apply)</i><br>How much and how often?   |                |                          |
| Does your child have any favorite foods?  |                |                          |
| Does your child dislike any foods?  |                |                          |
| Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)  |                |                          |



Please check all of the words that best describe your child's personality and behavior

- active    adventurous    affectionate    anxious    bossy    bright    busy    calm    cautious    cheerful  
 content    creative    curious    easily-angered    emotional    energetic    excitable    friendly    gives-in-easily  
 happy    hesitant    insecure    jealous    likes structure/routines    loud    loving    mellow    outgoing  
 prefers adult attention    quiet    sensitive    serious    shares-well    social    spontaneous    stubborn    tentative  
 other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a  high chair,  booster,  child size chair or  adult size chair. *(Check the one that applies.)*

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature

Date